

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>4</i>		<i>02/19/01</i>
O.I.P.E. CLASSIFIER	<i>AM</i>	<i>48</i>	<i>6/28/01</i>
FORMALITY REVIEW	<i>AM</i>	<i>919</i>	<i>08-10-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>2/2/01</i>
2	<i>4/5/01</i>
3	<i>4/5/01</i>
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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